Employee Feedback Form - Annual Performance Review

Name:					
					_

Date: _____

- 1. What should the store **Start Doing**?
- 2. What should the store **Stop Doing**?
- 3. What should the store **Continue Doing**?
- 4. What should I Start Doing?
- 5. What should I **Stop Doing**?
- 6. What should I Continue Doing?